

# Okotoks Skating Club

## CANSKATE AGE 4 and Up

### Registration Form 2010/2011

*All fields are mandatory and must be completed.*

<i>Child #1</i>	<i>Child #2</i>	<i>Child #3</i>	<i>Special Comments/Concerns or Allergies. If NONE please indicate NONE</i>
<i>Name:</i>	<i>Name:</i>	<i>Name:</i>	
<i>Male/Female</i>	<i>Male/Female</i>	<i>Male/Female</i>	
<i>Date of Birth: year/month/day</i>	<i>Date of Birth: year/month/day</i>	<i>Date of Birth: year/month/day</i>	
<i>Skate Canada No. if known</i>	<i>Skate Canada No. if known</i>	<i>Skate Canada No. if known</i>	

<p style="text-align: center;">Street Address including postal code.</p> <p style="color: red; font-size: small;">If you use a post office box for your mail or reside on rural property you must provide municipal street address or your legal land description.</p>	
<p style="text-align: center;">Parents' Full Names and Telephone Numbers</p>	
<p style="text-align: center;">EMAIL ADDRESS</p>	
<p style="text-align: center;">Emergency Contact Person Name and Phone Numbers</p>	

<p>The Okotoks Skating Club and/or their agents assume no responsibility for accidents or injuries, however caused and the applicant agrees to release the proprietors from all claims or damage arising as a result of such accident or loss.</p>	
<p>_____</p> <p>Parent's Signature</p>	<p>_____</p> <p>Skater's Signature (if 18 or over)</p>

### *Publicity Disclaimer*

Disclaimer for publishing name and/or picture of your child(ren) for our website, newsletter or publication.

Yes, I/we approve the use in any Skate Canada/  
Okotoks Skating Club promotional material

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

No, I/we do not approve the use of any Skate Canada/Okotoks  
Skating Club promotional material.



# Program Dates

## Please remove from package and retain

Canskate 20 Week Session							
Monday	October 4, 18, 25 November 1, 8, 15, 22, 29 December 6, 13	Tuesday	October 12, 19, 26 November 2, 9, 16, 23, 30 December 7, 14	Saturday	October 9, 16, 23, 30 November 6, 13, 27 December 4, 11		No Canskate - Mon Oct 11 <sup>th</sup> No Canskate - Sat Nov 20 <sup>th</sup> No Canskate - Mon Feb 21 <sup>st</sup> No Canskate - Tues Feb 22 <sup>nd</sup> No Canskate - Sat Mar 5 <sup>th</sup>
Monday	January 3, 10, 17, 24, 31 February 7, 14, 28 March 7, 14	Tuesday	January 4, 11, 18, 25 February 1, 8, 15 March 1, 8, 15	Saturday	January 8, 15, 22, 29 February 5, 12, 19, 26 March 12		

### **Okotoks Skating Club Refund Policy**

No Refunds will be given after the 1st lesson unless it is for a medical reason. Requests must be given in writing, and include a Doctor's note. All requests for reasons other than medical must be submitted to the OSC Board and will be issued at their discretion and may necessitate a fee. Requests should be mailed to the address noted below.

### **Returned Cheque Policy**

A charge of \$30.00 will be payable for any payments returned from your bank due to non-sufficient funds or stop payment. The delinquent amount together with the \$30.00 fee must be provided to the club in the form of cash, bank draft or certified cheque.

### **Program Cancellation**

The Okotoks Skating Club reserves the right to cancel programs due to insufficient registration.

**Please consider your returned cheque as your receipt!**  
**Child Tax Fitness Receipts will be issued at year end.**

*Visit our Website*

www.okotoksskatingclub.com

*Mail to:*

Okotoks Skating Club  
 Box 1002  
 Okotoks, AB  
 T1S 1B1

*Contact us:*

okotoksskatingclub@gmail.com  
 PH: 403-880-8059

